

**PAYROLL DIRECT DEPOSIT AUTHORIZATION**

Requests to set up or change direct deposit accounts (checking or savings) must be received 1-1/2 weeks prior to pay date. Due to summer “run-ahead” checks Teachers and Non-Represented Licensed staff requests to change their direct deposit for summer payments must be received by May 1. Please plan accordingly.

**Instructions:** Complete the following information. You may elect to have funds deposited into one or more accounts. List all financial institution(s), account number(s) and the amount(s) to be deposited into each account.

**NEW ENROLLMENT**

**CHANGE TO CURRENT DIRECT DEPOSIT SET-UP**  
*List all financial institutions and account numbers including those that may not have changed. Remember to list specific amounts that should be deposited into each account.*

<b>Employee Name:</b>	<b>Social Security No:</b>
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**Bank 1**

Bank Name:	Transit Routing Number: <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20px; border: 1px solid black;"> </td> <td style="width: 20px; border: 1px solid black;"> </td> <td style="width: 20px; border: 1px solid black;"> </td> <td style="width: 20px; border: 1px solid black;"> </td> <td style="width: 20px; border: 1px solid black;"> </td> <td style="width: 20px; border: 1px solid black;"> </td> <td style="width: 20px; border: 1px solid black;"> </td> <td style="width: 20px; border: 1px solid black;"> </td> <td style="width: 20px; border: 1px solid black;"> </td> <td style="width: 20px; border: 1px solid black;"> </td> </tr> </table>										
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I authorize the Oregon School District (OSD) and the financial institution(s) listed above to initiate electronic entries and, if necessary, debit entries and adjustments for any credit entries in error to the account(s) specified each pay period. I understand that I can change my account or financial institution at any time by filing a new authorization form, and that it is my responsibility to notify the OSD immediately of any changes in my financial institution (i.e., change of banks or account numbers, closure of account(s), etc.). This authority will remain in effect until I file a new authorization form or cancel it in writing.

**ATTACH A VOIDED CHECK OR SAVINGS DEPOSIT SLIP FOR EACH ACCOUNT LISTED ABOVE**

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date